

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000069075

1. Corporation Name

THE BUCKLEY GROUP OF CENTRAL FLORIDA, INC.

Principal Place of Business

1044 WEXFORD WAY  
PORT ORANGE FL 32119

Mailing Address

1044 WEXFORD WAY  
PORT ORANGE FL 32119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1999

5. FEI Number

59-3594273

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PSTD          | BUCKLEY, DAVID T                          | 1044 WEXFORD WAY                                       | PORT ORANGE FL 32119    |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

300023910243  
10/17/03--01071--014 \*\*150.00

8. Name and Address of Current Registered Agent

BUCKLEY, DAVID  
1044 WEXFORD WAY  
PORT ORANGE FL 32119

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE

10/14/2003

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



David T. Buckley, President  
Buckley Group of Central Florida, Inc  
209 Dunlawton Avenue  
Port Orange, FL 32129  
Off: (386)788-8007  
Fax: (386)788-8015  
ncainc@bellsouth.net

October 14, 2003

---

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

**RE: Document # P99000069075**

Please waive the reinstatement fee for the above referenced corporation. I started to work here the first of the year and did not know there is an annual fee for corporations in the state of Florida. I am from Ohio where there is no such fee. The dissolution papers were mailed to my boss' home which he brought to the office yesterday.

Thank you for your consideration.

Sincerely,

*Carol J. Nickolas*

Carol J. Nickolas  
Bookkeeper  
(386) 788-2885